

# **Recovery & Empowerment for Families Involved with the Child Welfare System Through Family Drug Treatment Courts**

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# Substance Abuse ... Pervasive Problems

- ◆ Fact: Among youths aged 12–17 years old, 11.6% are current illicit drug users (1 out of 9).
- ◆ Fact: Among young Americans aged 18–25 years old, 20.2% are current illicit drug users in 2002 (1 out of 5).
- ◆ Fact: Among young Americans aged 26 years old or older, 5.8% are current users of illicit drugs in 2002 (1 out of 17).

# Substance Abuse ... Pervasive Problems

- ◆ Fact: Among pregnant women aged 15-44 years old, 3.3% were current illicit drug users (*1 out of 30; a rate that is substantially less than is true for non-pregnant women*).
- ◆ Fact: Among the various ethnic groups, current drug users comprised the following percentages of their respective sub- groups in 2002:
  - ⇒ 20.9% Native Americans/Indians/Alaskan Natives (1 out of 5)
  - ⇒ 11.4% Persons of Multi-Racial Backgrounds (1 out of 9)
  - ⇒ 9.7% Black / African Americans (1 out of 10)
  - ⇒ 8.5% Whites (1 out of 12)
  - ⇒ 7.2% Hispanics (1 out of 14)
  - ⇒ 3.5% Asians (1 out of 28)

# **Substance Abuse ....**

## **Public Safety Consequences**

- ◆ **Fact:** Drug and alcohol abuse and addiction are implicated in the incarceration of 80% - 1.4 million of the 1.7 million - men and women behind bars today.
- ◆ **Fact:** 1 out of every 144 American adults is behind bars for a crime involving drugs or alcohol.
- ◆ **Fact:** 1 in 7 Americans aged 12+ drove under the influence of alcohol in the last 12 months.

# Substance Abuse ....

## Social Fabric Consequences

- ◆ Fact: Substance Abuse – implicated in perhaps 80-90% of reported child mistreatment cases.
- ◆ Fact: There are 26.8 million children of alcoholics in the U.S.
- ◆ Fact: 20% of the children in Virginia's child welfare system are *known* to have addiction in their families.

# **Substance Abuse ....**

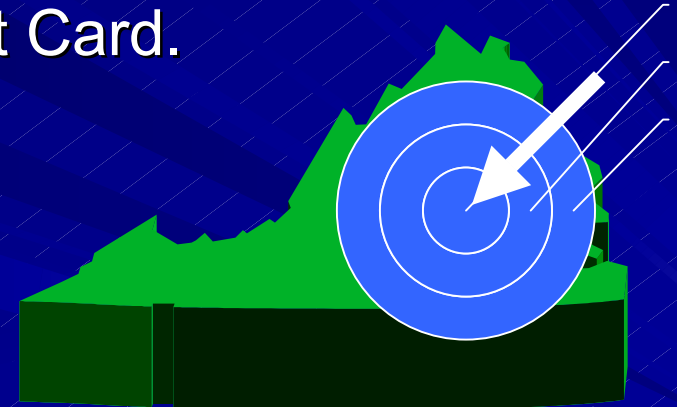
## **Social Fabric Consequences**

- ◆ **Fact: 870 substance exposed newborns were reported to child protective services between July 1, 2002 and June 30, 2003.**
- ◆ **Fact: 30% of children in Virginia foster care (3,001 children) were removed from their homes due to addiction in their family.**
- ◆ **Fact:  $\frac{1}{4}$  to  $\frac{1}{2}$  of men who commit acts of violence also have substance abuse problems.**



# Political & Social Trends and Pressures

- Foster Care & Child Welfare Cases are Growing Beyond the Reach of Most State Budgets
- Virginia is Much the Same as Most Other States: “Failed” our federal Report Card.
- Richmond Is “Off The Charts” In Terms Of Use Of The Foster Care System
- Richmond Has A Pilot Family Drug Treatment Court Currently Undergoing Major Expansion (5 cases to 25 cases)



# Political & Social Trends and Pressures

- **Society Remains Conflicted** between the emotional response of labeling addiction as willful or criminal behavior and blaming the addict for all of society's ills and the findings of modern science that indicate that addiction is a disease and is probably the single biggest health care problem in America
- **Treatment funding in the public sector rarely makes anyone's priority list**
- **Treatment coverage by insurance coverage is relatively unregulated and certainly not monitored well with regard to coverage for addictive disorders**





# The Question Remains ...

*“Why do people continue to use drugs when doing so is harmful to them and their families?”*

Addiction is.....  
The compulsive  
use of drugs  
even in face of  
negative  
consequences



# **Drug Dependence, a Chronic Medical Illness**

- **McLellan, et. al. compared the diagnoses, heritability, etiology, pathophysiology and response to treatments of drug dependence vs type 2 diabetes mellitus, hypertension, and asthma.**
- **They found that genetic heritability, personal choice, and environmental factors are comparably involved in the etiology and course of all of these disorders.**

# **Drug Dependence, a Chronic Medical Illness**

- **Drug dependence produces significant and lasting changes in brain chemistry and function.**
- **Effective medications are available for treating nicotine, alcohol and opiate dependence but not stimulant or marijuana dependence.**
- **Medication adherence and relapse rates are similar across these illnesses.**

# **Drug Dependence, a Chronic Medical Illness**

- **Drug dependence generally has been treated as an acute illness, but review of the literature suggests that long-term care strategies of intermittent, but long term, life-long intervention, medication management and continued monitoring produce lasting benefits.**

# **Differing Views Of Relapse:**

- **Substance abuse staff: Predictable step in the addiction and recovery processes**
- **Child welfare & criminal justice staff: Child neglect or violation of the law or conditions of supervision**
- **Mental health staff: Gateway to decompensation of mental status**

# **Integrated Public Health/Public Safety/Child Welfare Strategies**

- **An integrated public health – public safety – child welfare strategy of combining community based treatment for substance use disorders with on-going court / justice system supervision shows consistent promise for reducing drug use and criminal recidivism, and hope for the child welfare system.**



# **Results Of Non-Integrated Strategies**

- Referrals By The Court To Community-based Treatment Services Are Usually Not Acted Upon By The Client**
- Treatment Is Almost Never Completed**
- Treatment Almost Never Involves Long Term Care Or Follow-up / Aftercare Services**
- Non-Compliance is Rarely Reported Back to the Court in a Timely Manner**

# Results Of Non-Integrated Strategies

*“Even if you are on the right track, you’ll get run over if you just sit there.”*

*..... Will Rogers*

# Drug Courts

- **A relatively new model which transforms the roles of criminal justice and substance abuse treatment providers**
- **Offers expanded options for case processing, adjudication and disposition**

# **Unique Aspects of Drug Courts**

- **Ongoing interaction between the judge and the offender**
- **Transformation of traditional adversarial roles into collaboration in the interests of shared goals**
- **New models of case processing that integrates treatment**

# Richmond Family Drug Treatment Court (RFDTTC)

- The RFDTTC is a special civil court program, focused on case of child abuse and neglect, designed to provide an integrated, collaborative response to the needs of parents with substance use disorders and their children. By providing parents with treatment, parenting skills, ongoing case management, and judicial monitoring, the RFDTTC hopes to provide them with the best possible chance of being safely reunited with their children.

# **Integrated Strategies of the Family Drug Court Model**

- **Integrated Public Health – Public Safety Strategies Blend The Functions Of The Courts, The Child Welfare System, And The Substance Abuse Treatment System To Optimize Outcomes For Parents at Risk of Losing or Who Have Lost Custody of their Children.**
- **Substance Abuse Treatment Assumes A Central Role And Treatment Is Provided In The Community**
- **Multiple Systems Are Involved In Services**



# Integrated Strategies of the Family Drug Court Model

- Programs offer opportunities for clients to maintain or re-gain custody of their children.
- Clients are closely supervised by child welfare system personnel (judge and social workers).
- Child welfare system professionals and treatment provider staff work as a team.
- Consequences for noncompliance are certain and immediate.
- Incentives are emphasized over sanctions and are used to reinforce the desired, positive behavior.

# **Integrated Strategies of the Family Drug Court Model**

- Results in greater retention and increased successful outcomes.**
- Provide parents with prompt and much-needed feedback about their behavior.**
- Should be carefully balanced with the use of positive incentives.**
- Are most effective when coordinated and supported by both the criminal justice and substance abuse treatment systems.**

# Positive Incentives

- Peer models of success
- Reward small steps accomplished along the way
- Certificates of achievement
- Graduation and congratulatory sessions
- Use other services to sell treatment
- Use success in treatment program to secure a change in the overall sanction:
  - less intrusive supervision
  - less restrictive curfew
  - reduction in duration of supervision
  - reduction in community service obligation

# Case Management Goals

- **Identify needs and coordinate ancillary services**
- **Build continuity of treatment across justice system settings, as well as the child welfare system**
- **Coordinate services to meet the child welfare, the justice system and the treatment system's goals**

# **Case Management Responsibilities May Involve:**

- **The Court, Specifically The Judge**
- **Treatment Provider(s)**
- **Child Welfare System / Child Advocates**
- **Social Services/ Child Protective Services**
- **Others**

# **Findings from the Retrospective Phase**

## **Family Drug Treatment Court National Cross-Site Evaluation**





# The Study Sites

- **The FDTC Sites & their comparison cases**
  - Jackson County, Missouri & similar cases not enrolled in FDTC
  - Washoe County, Nevada & similar cases not offered FDTC
  - San Diego, California & similar cases entering CWS prior to FDTC implementation
  - Santa Clara, California & similar cases entering CWS prior to FDTC implementation
  - Suffolk County, New York & another court in the same county with standard services

# Total Number of FDTC Graduates in 2000 and 2001

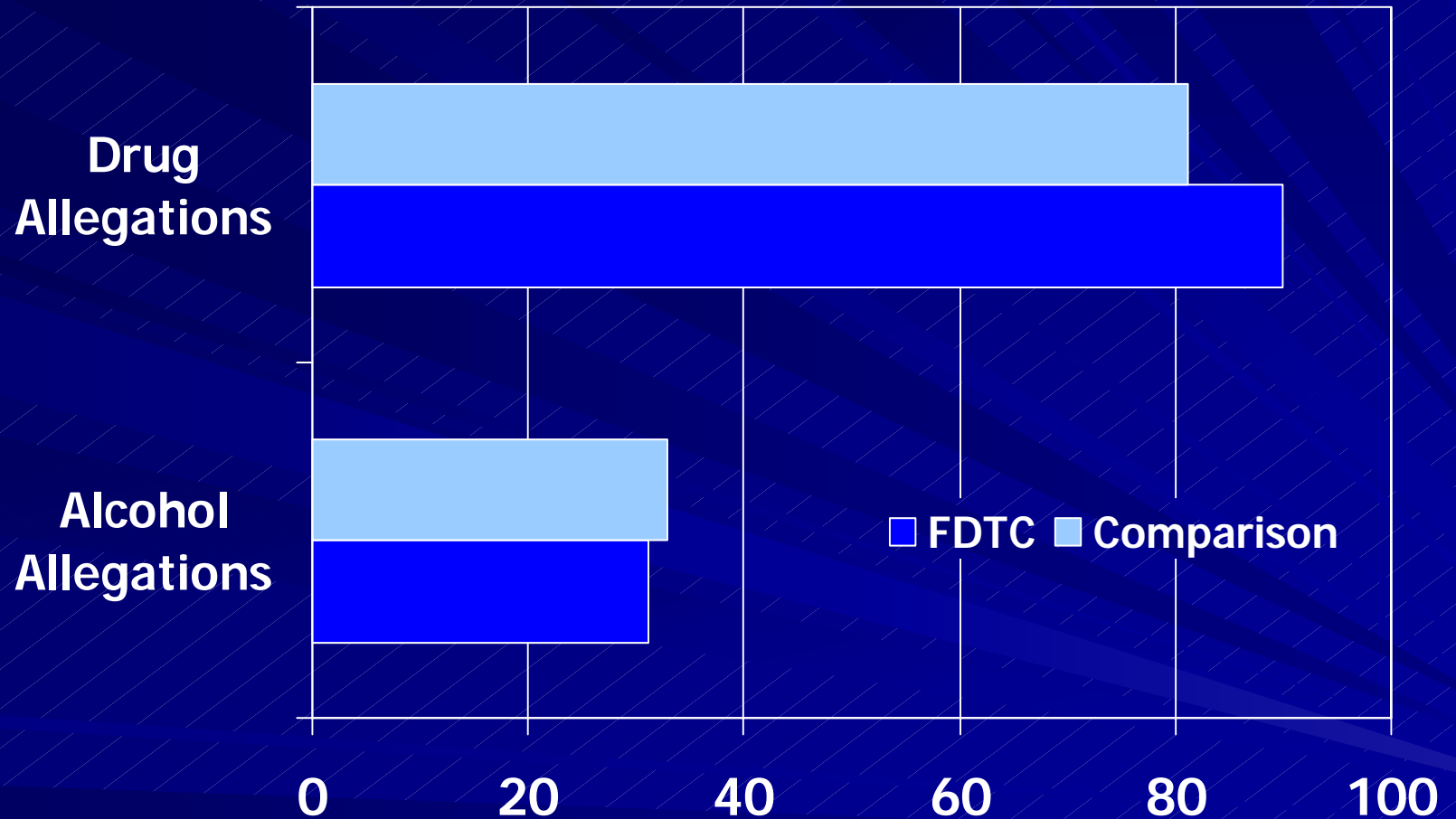
	Parents	Children
■ San Diego <sup>1</sup>	71	
■ Suffolk	67	154
■ Santa Clara	52	98
■ Washoe	52	81
■ Jackson	40	91

<sup>1</sup> Only 2<sup>nd</sup> Tier of DDC participants are eligible to graduate

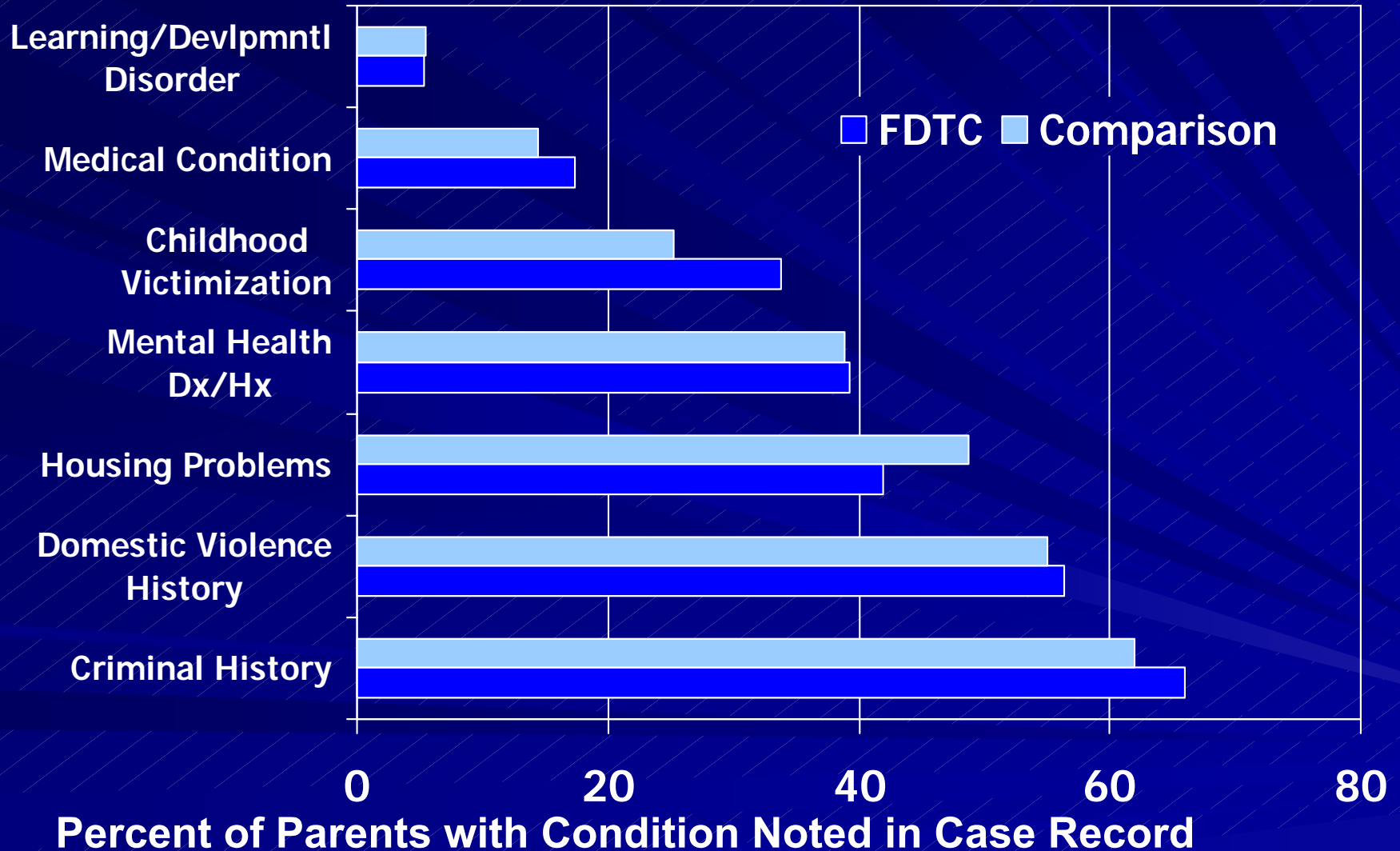
# Parents

- **Over 90% were women**
- **Average age was 30**
- **Half were Caucasian, about 30% African American and 17% Hispanic**
- **Approximately one third did not graduate from high school**
- **Over 40% had never been married**

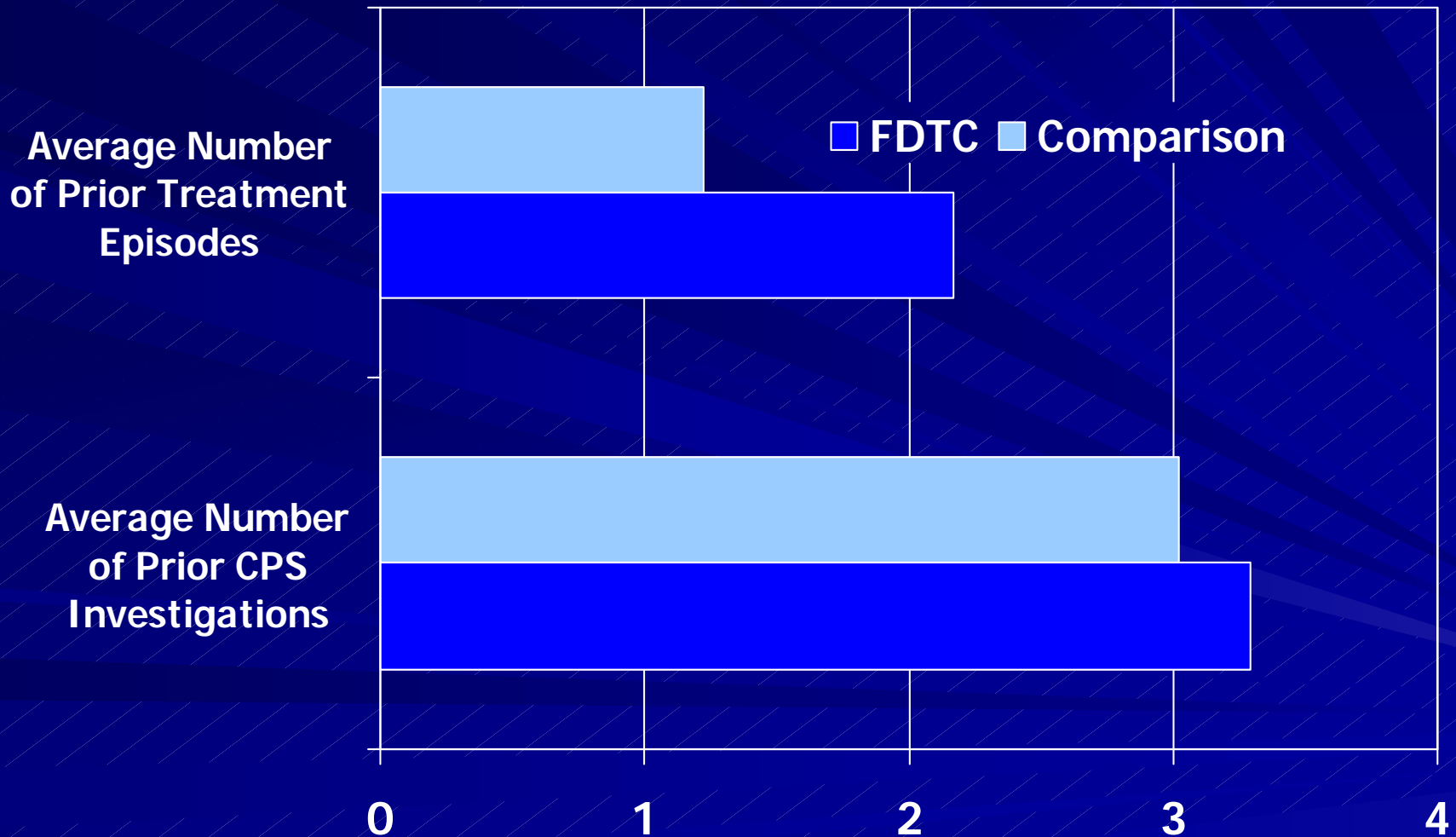
# Parents at Intake



# No Significant Differences Between Groups; Both Groups have Substantial Co-Occurring Conditions



# No Differences Between Groups on Prior CPS or Treatment

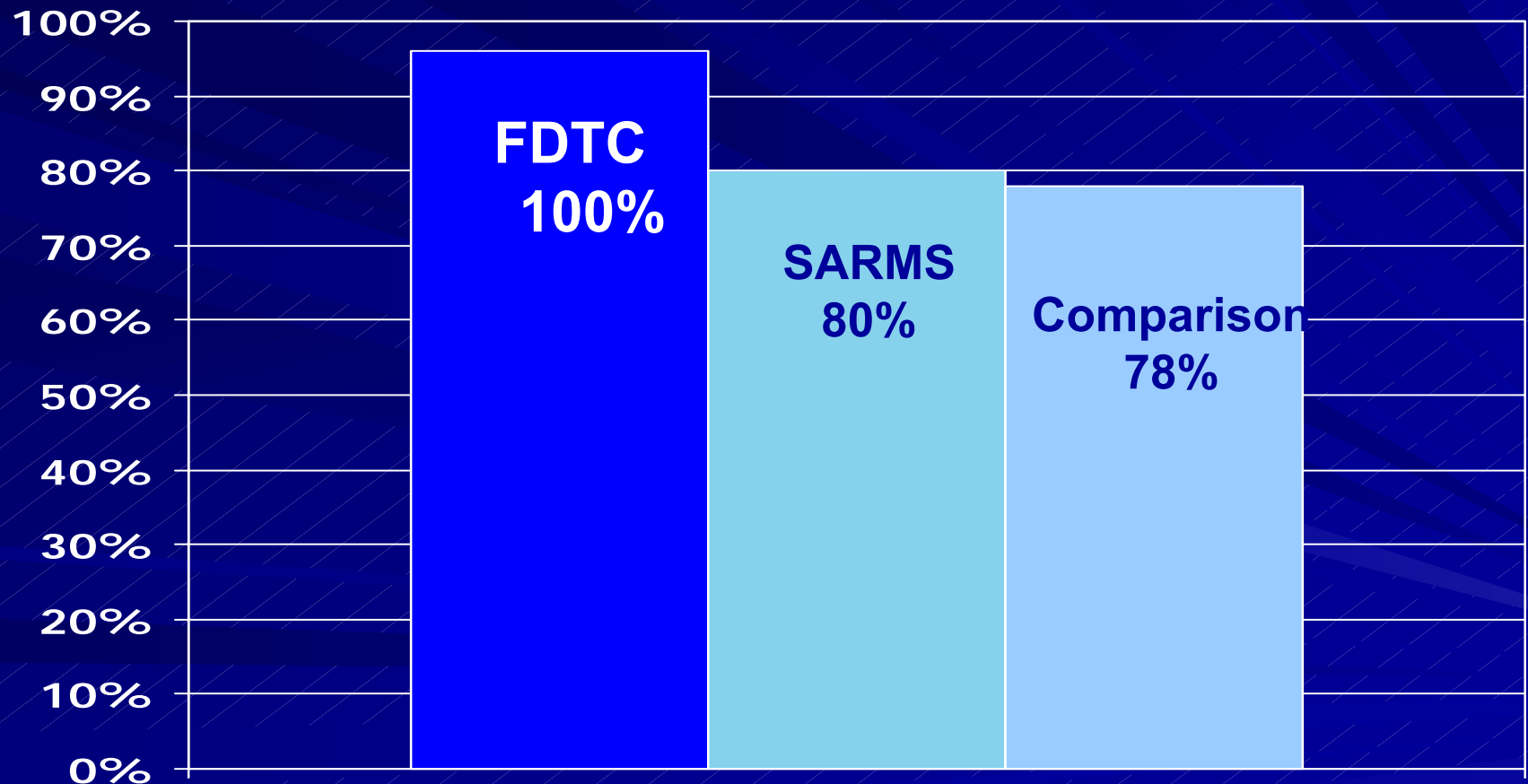




## ■ Type of Allegations

– Failure to Protect		91.7	87.3
– No Provision for Support*	9.0	18.6	
– Abuse of Sibling*		5.1	12.1
– Severe Neglect*		1.0	9.1
– Physical Abuse/Harm		6.7	4.2
– Prenatal Drug Exposure*	4.0	2.2	
– Emotional Abuse/Damage*		4.3	1.2
– Other		5.2	4.6

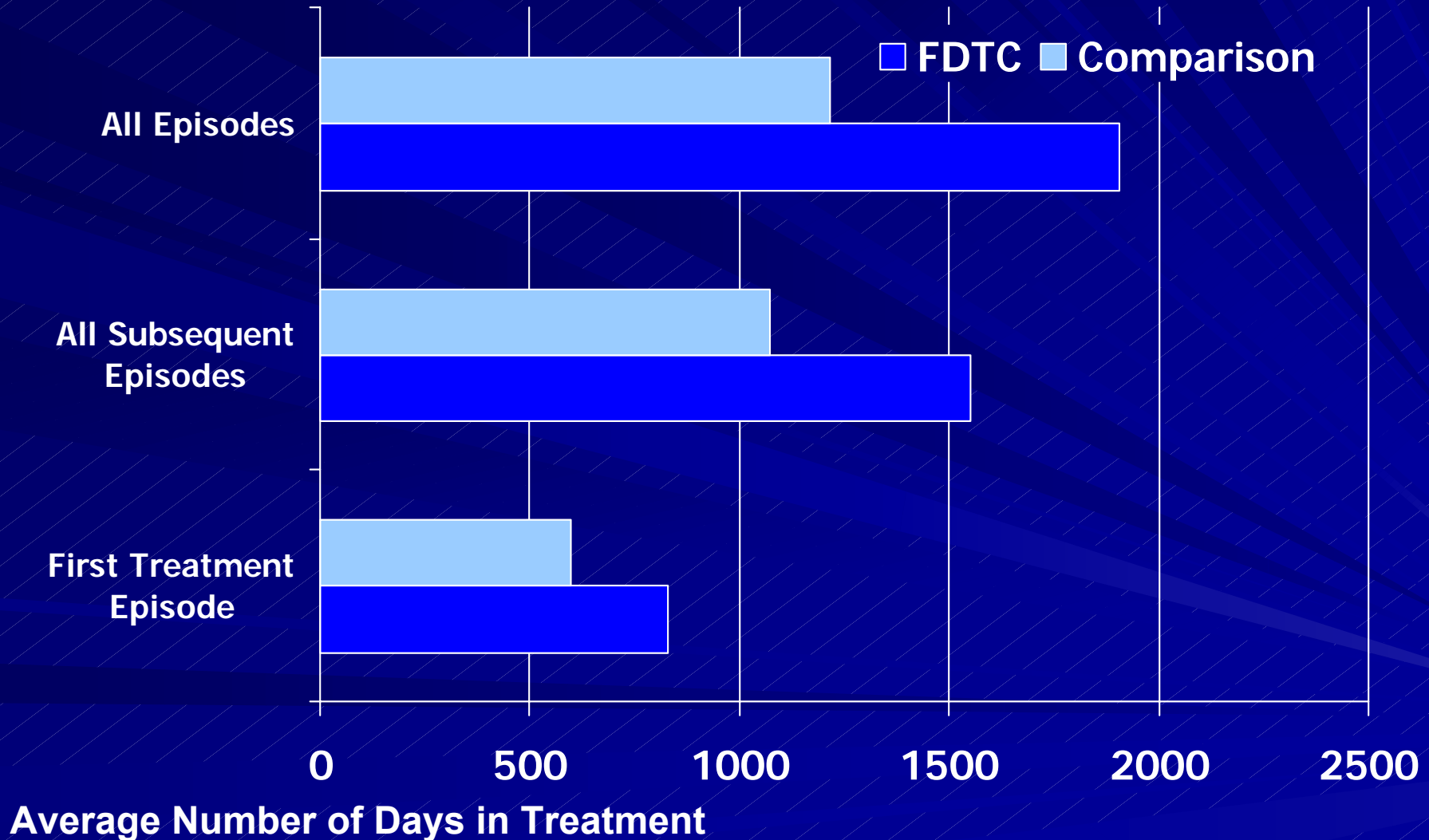
# Significantly More FDTC Parents Entered Treatment within 18 Months of CPS Case Opening



# FDTC Parents Entered Treatment in Significantly Fewer Days

	FDTC	Comparison
■ Average Days from CPS Case Opening to Treatment Entry*	394	802
■ Average Days from FDTC Entry to Treatment Entry	59	
■ Median Days from FDTC Entry to Treatment Entry	19	

# On Average, FDTC Parents Stayed in Treatment Longer than Comparison Parents



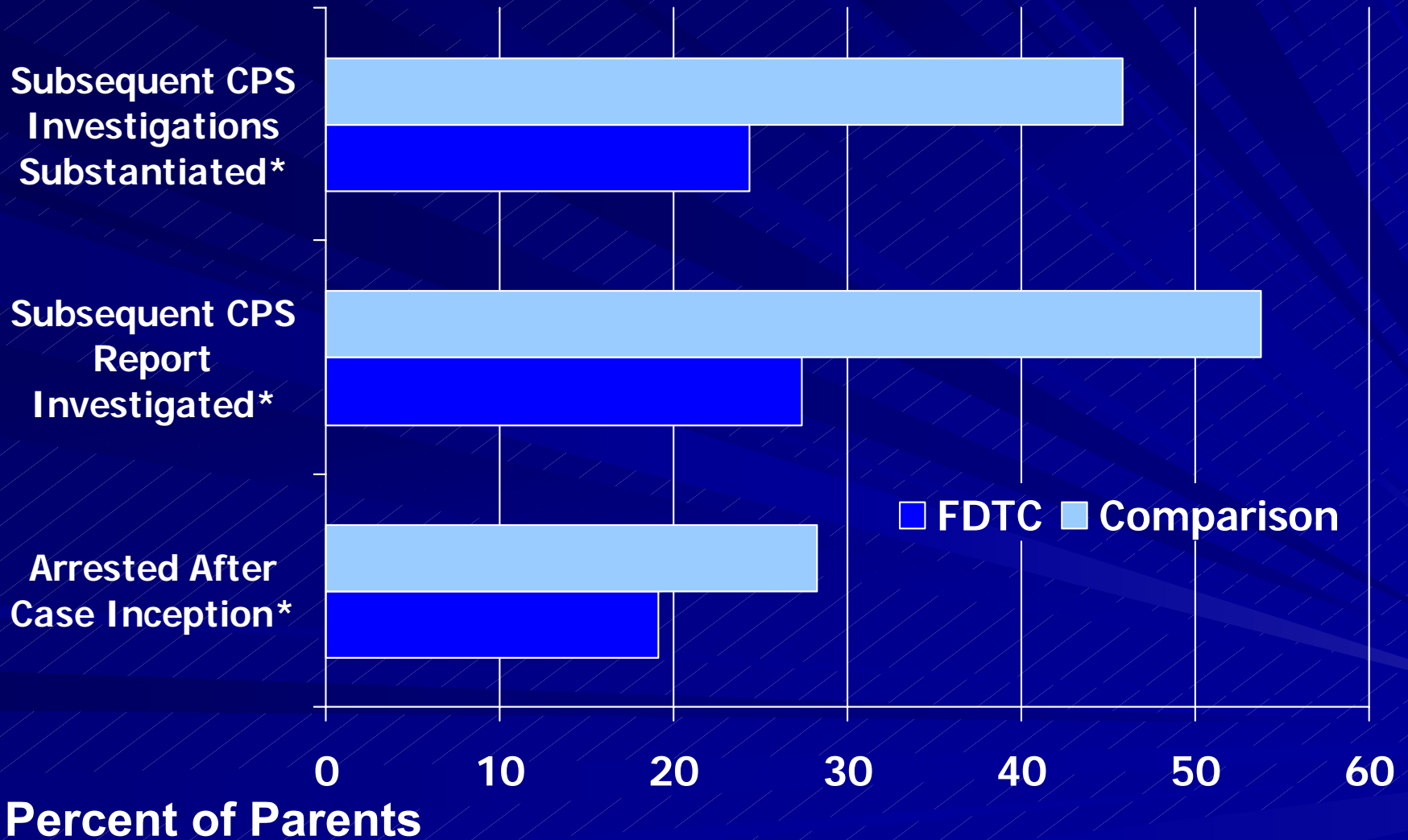
# **Successful Treatment Completion**

**FDTC Parents Successfully Completed  
59% of 919 Treatment Episodes**

**Comparison Group Parents Successfully  
Completed 52% of 467  
Treatment Episodes**

Successful Completion: Completed & Transferred to Another Program

# Significantly Less Criminal & CPS Recidivism Among FDTC Parents

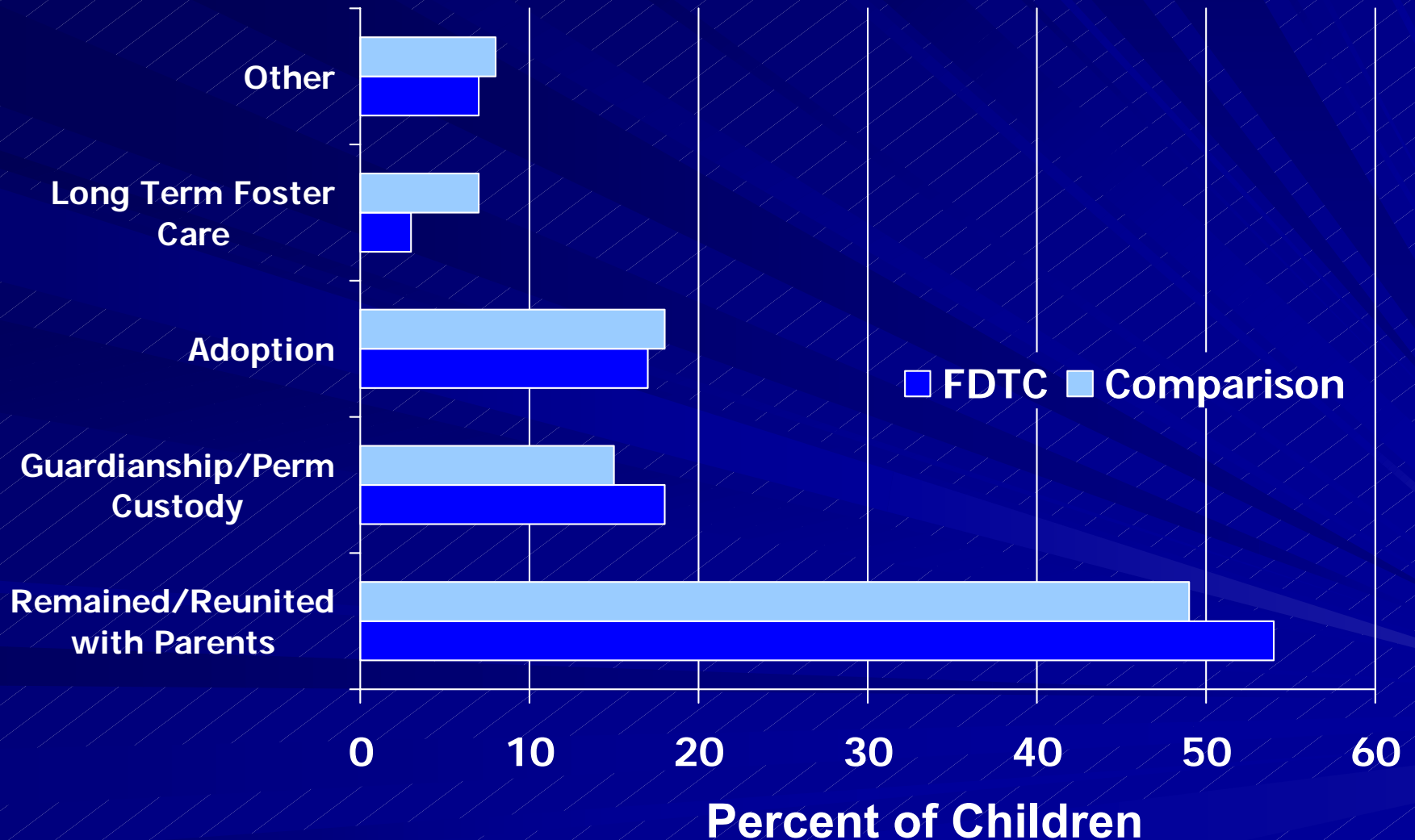




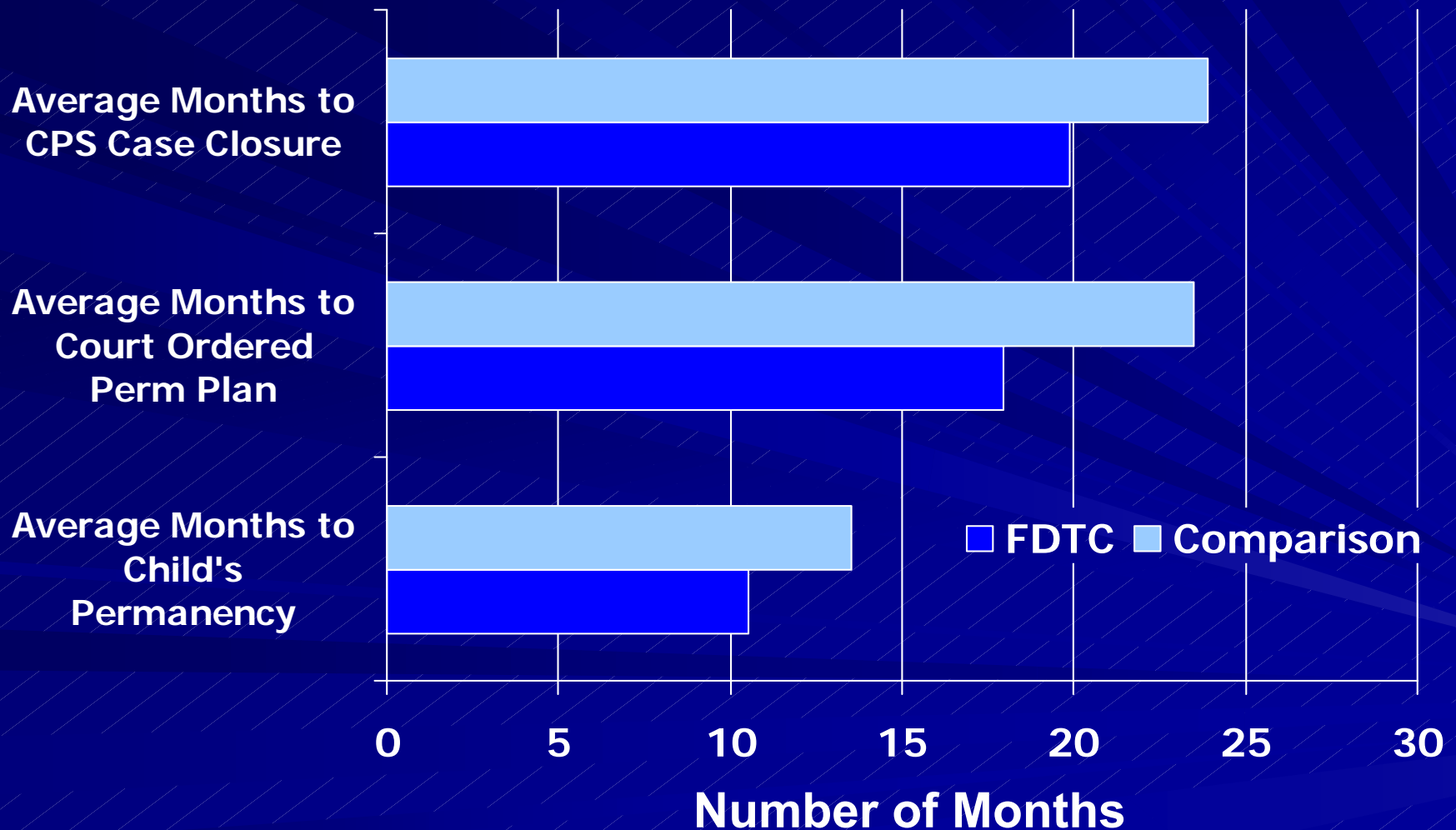
# FDTC Children Have Less Time in Out of Home Care and Reunify Significantly Faster than Comparisons

	FDTC	Comparison
■ Average Number of Days in Out of Home Care	588	667
■ Average Number of Days to Reunification*	322	377

# On Average, Slightly More FDTC Children Reunified/Remained with a Parent



# FDTC Children: Permanent Placement 3 Months Sooner, Permanent Plan Ordered 5 Months Earlier & CPS Case Closed 4 Months Sooner



# Summary - Treatment Outcomes

- **Significantly more FDTC parents enter treatment**
- **They enter treatment in significantly fewer days**
- **They participate in significantly more treatment episodes**
- **They receive more intensive levels of treatment**
- **On Average, they stay in treatment longer**
- **They complete nearly 60% of episodes**

# Putting it all together



“The whole is greater than the  
sum of the parts”

“What cannot be done alone, can  
be done together.”



# **Ingredients to support successful collaboration:**

## **All systems:**

- Understand the terms and conditions facing each offender/client**
- Agree to support the main features of each offender's case plan**
- Understand the ramifications of rule violations, treatment failures, and legal actions on status of the offender/client.**

# Key Components

Screening and assessment



Case / Treatment planning



Case management



Integrating sanctions with treatment

# Important Lessons Have Been Learned About Providing Treatment to Addicted Populations in the Justice System

## **Successful Treatment Programs for Offenders (Adapted from Marlowe, 2003) :**

- Integrate public health and public safety objectives in programs for offenders with substance use disorders
- Provide Treatment in Community-Based Settings

# **Important Lessons Have Been Learned About Providing Treatment to Addicted Populations in the Justice System**

## ***Successful Treatment Programs for Offenders (Adapted from Marlowe, 2003) :***

- **Criminal justice system monitoring of offenders**
- **Monitoring and Supervision are Intensive**
- **Attention is Paid to Program Compliance**
- **There are consistent and certain consequences for noncompliance with the program.**